



Middle School Traveling Hoop League

Separate Girls & Boys teams, Grades 7 & 8



90 Locust St., Northampton, MA
413-587-1040

Registration Fee:
\$115

**Participants must attend school
at JFK Middle School or live in
Northampton.**

Checks payable to:
City of Northampton
VISA/Mastercard & Discover
accepted

Northampton Public Schools do not endorse,
supervise, or participate in the organization
distributing this literature.

This is a recreational traveling hoop league. The philosophy of the league is to teach fair play, good sportsmanship and improve skills of each individual. Teams will play approximately 12 games including home & away games against teams in the area. In the past other towns have been Palmer, Belchertown, Ludlow, Monson, South Hadley and Easthampton. Practice is once a week in addition to the game schedule.

Team practices will be held weeknights in December and games begin in January. All participants play in every game, and each player receives a reversible mesh team shirt. **We will need volunteer coaches for this program.** The Parks & Recreation Department will provide training and coaches are certified by Parks & Recreation Staff through the National Youth Sports Coaches Association. There will be a maximum of two boys teams and two girls teams, so register today!

Registration Deadline
Nov. 14 or until filled

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Child's Name—first & last	Gender M/F	Date of Birth	Age	Grade	School
PARENT/GUARDIAN	Parent 1/Guardian		Parent 2/Guardian (complete if any field is different)		
First & Last Name					
Street Address					
City or Town					
Zip Code					
Home Phone #					
Mobile Phone #					
Work Phone #					
Email Address					
Emergency Phone #					

- Did your child play in the league last year? No ____ Yes ____ Height: ____
- Amount Enclosed:** \$ _____ \$115, \$10 non-resident fee *Checks payable to: City of Northampton.*
- Charge my:** Visa ____ Master Card ____ Discover ____ Card Number _____ Exp. Date: _____
Cardholders Name: _____ Signature: _____

**** **COACHES:** We need coaches/assistant coaches! TRAINING PROVIDED! Clinics are scheduled for the middle of November. If you would like to be part of this program, please sign below.

Name of person wishing to coach: _____ Phone: (h) _____ (cell/work) _____

Email Address: _____

Date Received _____ Staff _____ Amount: ____ Ck ____ Cash ____ Visa/MC ____ Date entered RT: ____ Staff _____